

Name
in
Full

CERTIFICATE OF DEATH

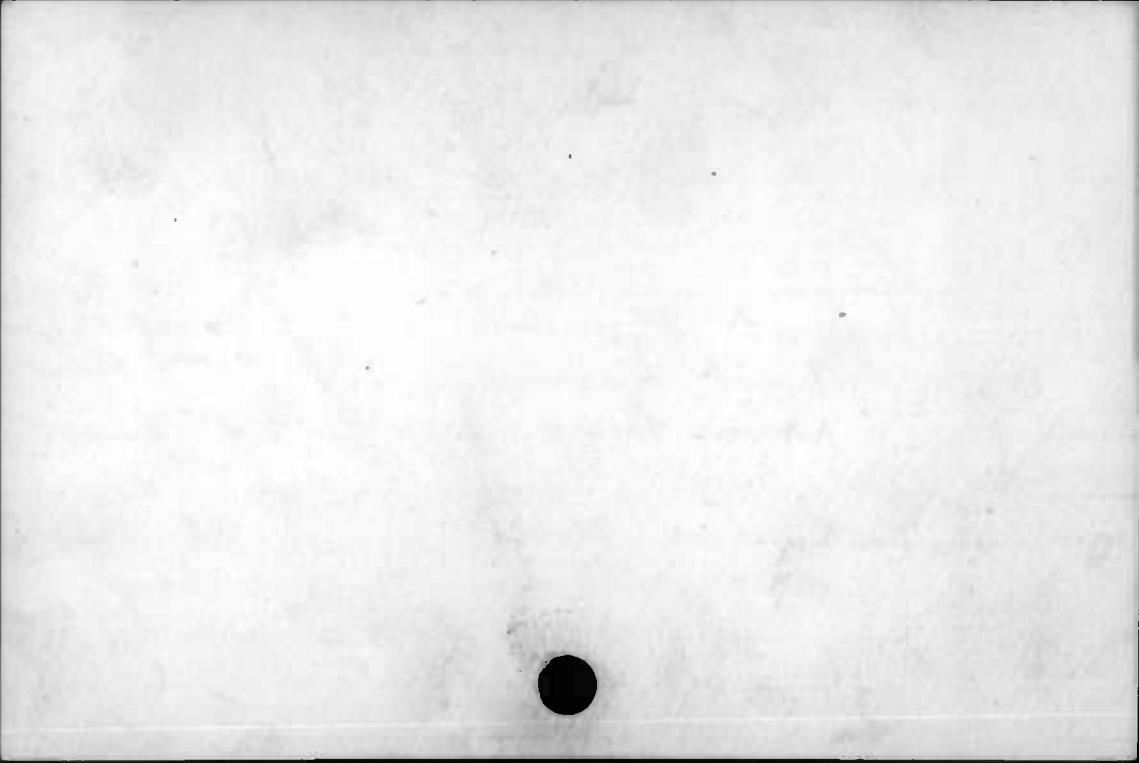
MARYLAND

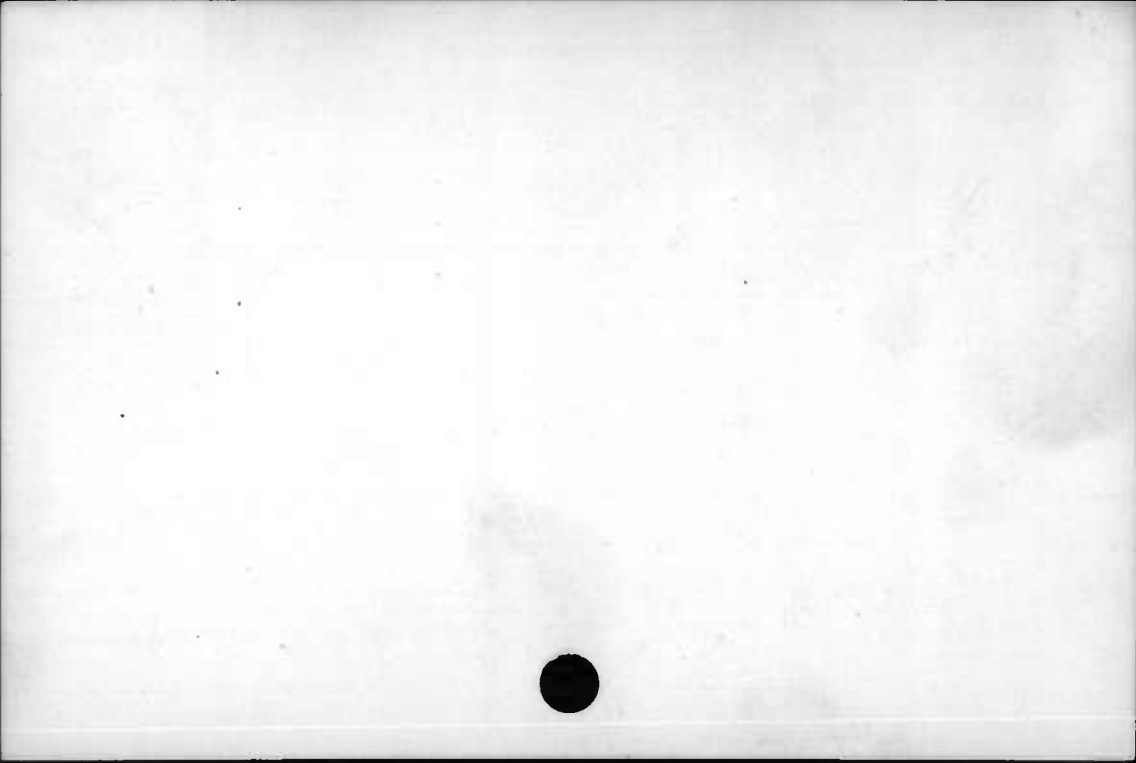
Died at *Ellicott City* ^{Town} *Howard* ^{County}Date of death *1908* ^{Month} *Aug.* ^{Day} *27* ^{Years} *51* ^{Months} *9* ^{Days} *20*Sex *Female* Color or Race *colored* Birthplace *Maryland*Occupation *House Keeper* Where Residing if not at place of death *Ellicott City*Married, Single or Widowed *Married* Name of Wife or Husband *Ruben Barber*Father's Name *William Burgess* Father's Birthplace *Don't know*Mother's Maiden Name *Don't know* Mother's Birthplace *Don't know*Name of person giving information *Annie Barber* How related to deceased *Daughter*

CAUSES OF DEATH

106

Primary *Acute Gastro-Enteritis - Mitral Regurgitation* How long *8 weeks*Immediate *Cardiac Asthenia + Pulmonary Oedema* How long *2 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank O. Miller M.D.*Address *Ellicott City, Md.*Accident or Suicide? *No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER





Name
in
Full

Dennis Rudolphus Boston

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Guilford</i> Town		County <i>Howard</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Aug</i>	Day <i>6th</i>	Age <i>one</i>	Months <i>eight</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Guilford</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Albert Boston</i>			Father's Birthplace <i>Guilford</i>		
Mother's Maiden Name <i>Annie Thomas</i>			Mother's Birthplace <i>Guilford</i>		
Name of person giving information <i>Henry Boston</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Inanition</i>	How long <i>unknown</i>
Immediate <i>Cholera Infantum</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas B. Turniblesson</i>
	Address <i>Guilford Md.</i>
Accident or Suicide? _____	

First Edition

Same as

Name
in
Full

William H. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elliott City</u> <small>Town</small>		County <u>Saward</u>		MARYLAND	
Date of death <u>1908</u>	<u>Aug</u> <small>Month</small>	<u>14</u> <small>Day</small>	Age <u>31</u> <small>Years</small>	<u>9</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Hettie Brown {dead}</u>				
Father's Name <u>Dont know</u>	Father's Birthplace <u>Dont know</u>				
Mother's Maiden Name <u>Dont know</u>	Mother's Birthplace <u>Dont know</u>				
Name of person giving information <u>Samuel Kelly</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Apical regurgitation</u> <small>How long</small> <u>no</u>	
Immediate <u>Broken compression</u> <small>How long</small> <u>2 mos</u>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. C. Smith</u>
	Address <u>Elliott City</u>
Accident or Suicide?	

St Stevens

Name
in
Full

CERTIFICATE OF DEATH

Stephen Jensen Clark
Dayton Town Howard County

Died at Dayton Howard MARYLAND

Date of death 1908 Aug. 24 Age — Years — Months 4 Days —

Sex Male Color or Race Black Birth-place Ind

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Stephen Clark Father's Birthplace Ind

Mother's Maiden Name Beckie Jensen Mother's Birthplace Ind

Name of person giving information Stephen Clark How related to deceased Father

CAUSES OF DEATH

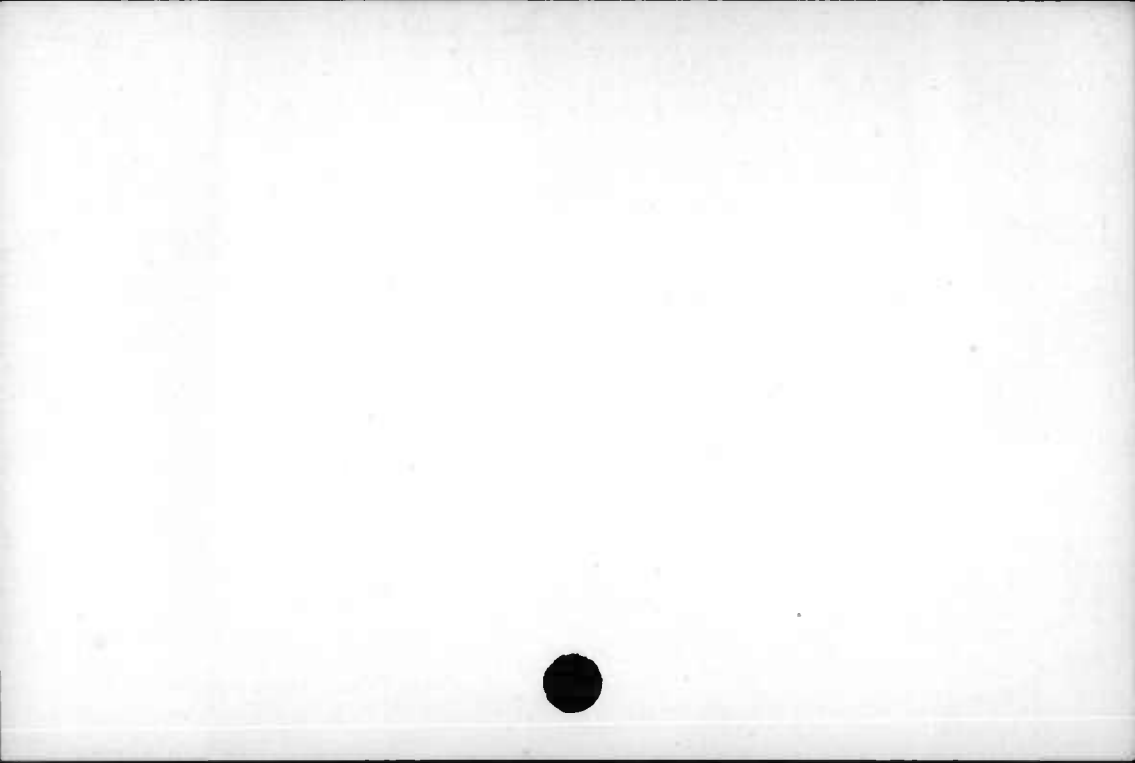
105

Primary Cholera Infantum How long 2 days
Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician S. A. Kishel

Address Dayton Ind

Accident or Suicide? Per Mrs. K.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

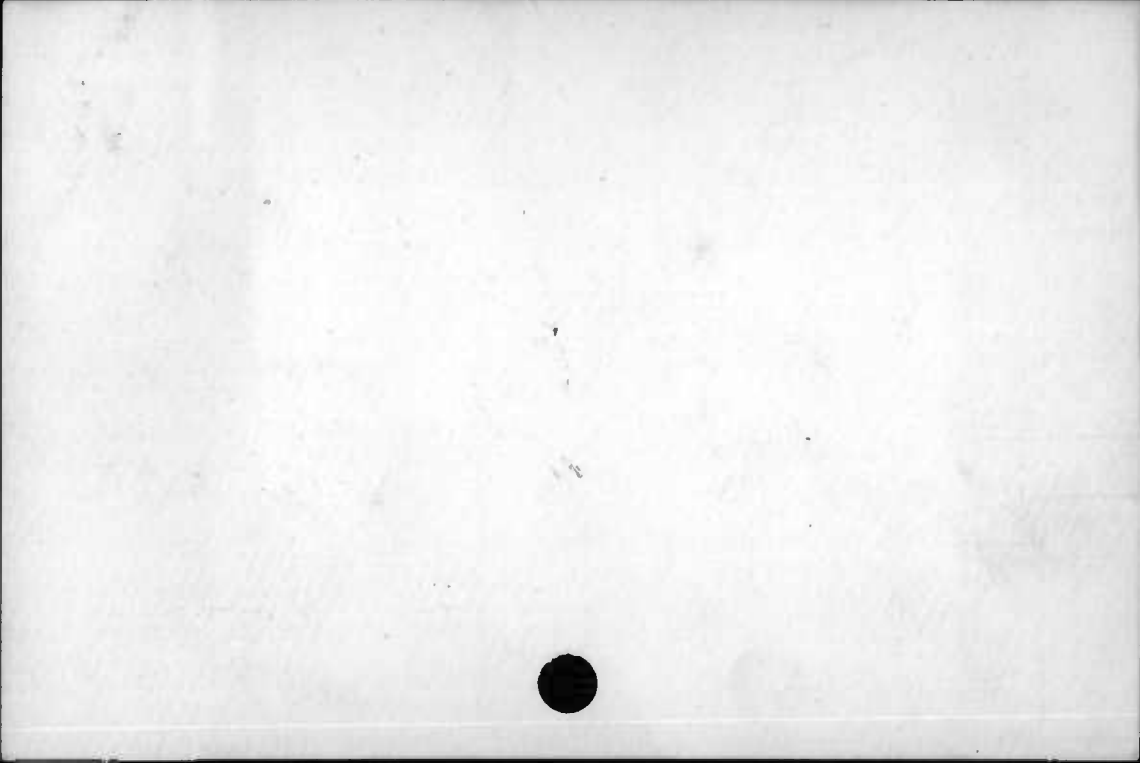
Died at <i>Elk Ridge</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1908 August 10th</i>		Age <i>38</i>		Months <i>9</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Elk Ridge, Md.</i>			
Occupation <i>Mechanic</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Katherine Eliza Th. Cook</i>				
Father's Name <i>John Coates</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Ann Summerhays</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Samuel Coates</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Starvation & exhaustion</i>	How long <i>6 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. R. Eganckson</i>
	Address <i>Elk Ridge</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Wallis Lee Leonaway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

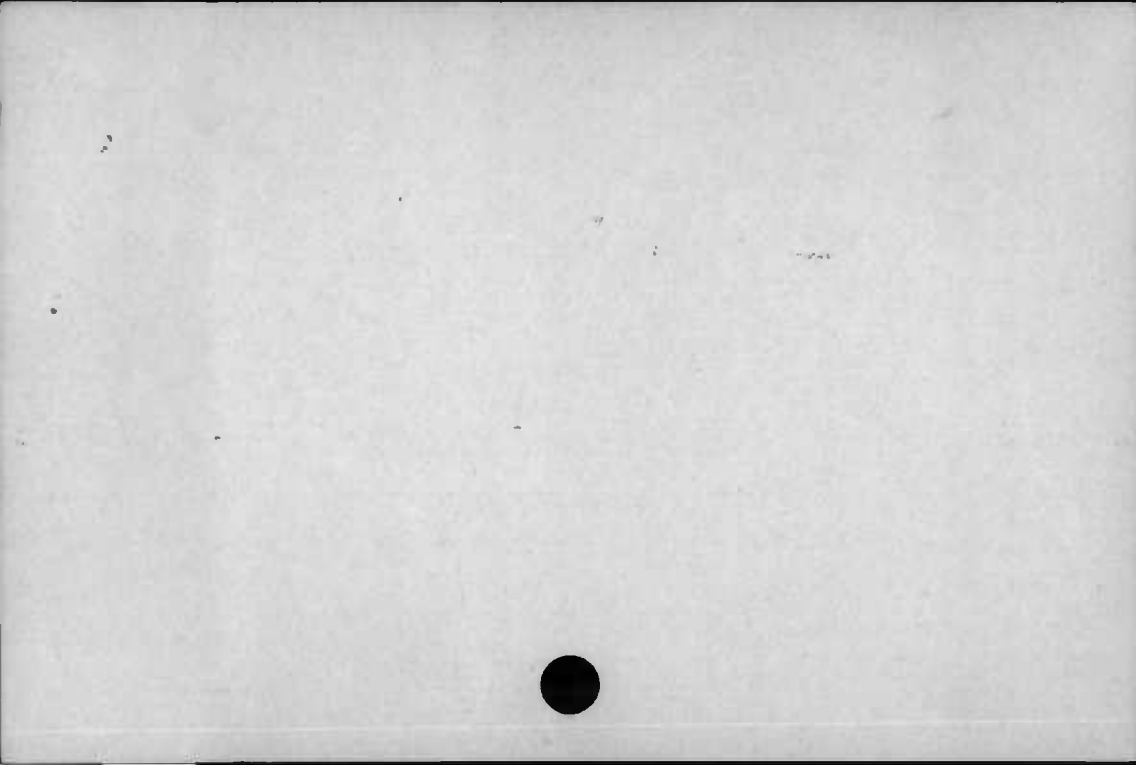
Died at		Town Savage		County Howard		MARYLAND	
Date of death	1908	Month 8	Day 14	Age	Years	Months 5	Days
Sex	male		Color or Race	white		Birth- place	MD
Occupation	Infant		Where Residing if not at place of death		Savage		
Married, Single or Widowed	Single		Name or Wife or Husband				
Father's Name	Leighton Leonaway					Father's Birthplace	MD
Mother's Maiden Name	Bertha Lee					Mother's Birthplace	MD
Name of person giving In formation	Josephine Bonaway					How related to deceased	Grandmother

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Indigestion		How long	1 mo.
Immediate	Enteric Colitis		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Savage	
Accident or Suicide?		M.D.		



Name
in
Full

Milton William Davis.

CERTIFICATE OF DEATH

Died at *near Longlewood*

Town

County

Howard

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1908 Aug - 23*Age *70**4*

Sex

*male*Color or
Race*white*Birth-
place*Howard Co. Md*

Occupation

*Farmer*Where Residing if not
at place of death*at Home*Married, Single
or Widowed*Married*Name of Wife or
Husband*Martha E. Davis*Father's
Name*Ezra Davis*Father's
Birthplace*Howard Co. Md*Mother's
Maiden Name*Elizabeth Orr*Mother's
Birthplace*Howard Co. Md*Name of person giving
Information*Thomas Davis*How related
to deceased*Brother*

CAUSES OF DEATH

79

Primary

Valvular Disease of Aorta

How long

6 months

Immediate

General Dropsy

How long

*3 months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*R. O. D. Maysfield*

Address

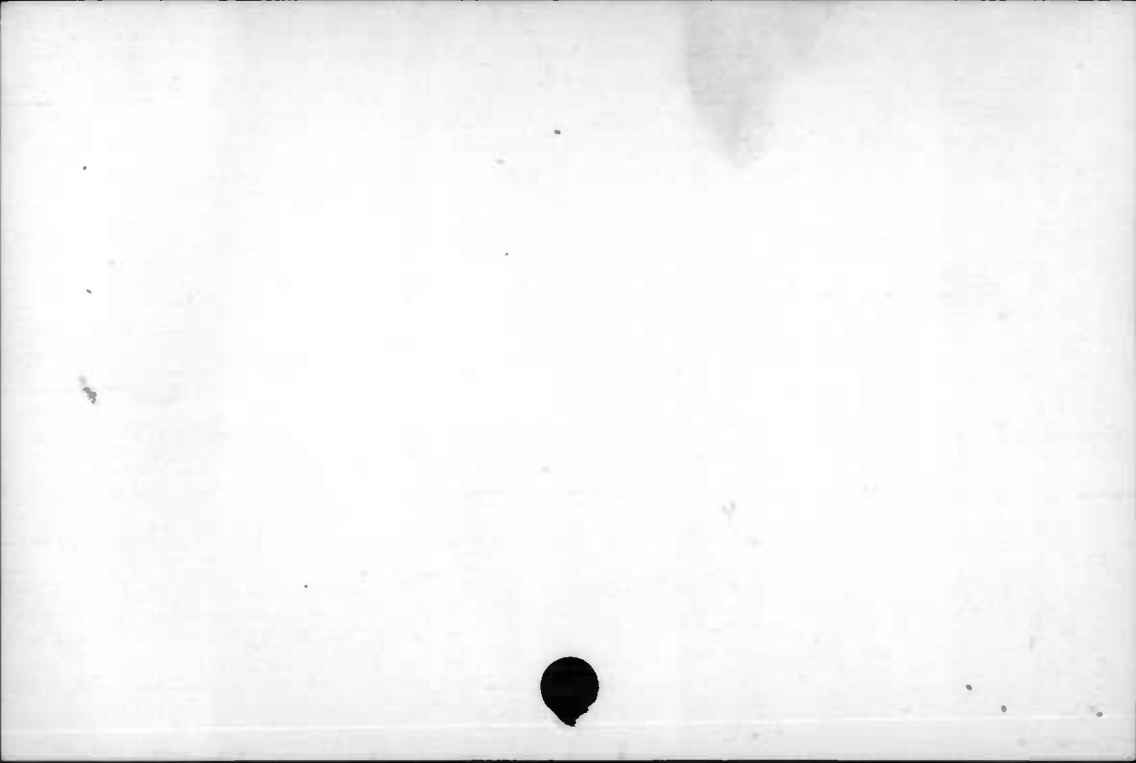
*Lisbon
Maryland*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Alma Fay Dewael				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died at		Savage		Howard			
Date of death		Month	Day	Age	Years	Months	Days
1908		8	2			6	23
Sex		female		Color or Race		white	
Occupation		Infant		Where Residing if not at place of death		Savage	
Married, Single or Widowed		Infant		Name of Wife or Husband			
Father's Name		W. Scott Dewael				Father's Birthplace	
						M.D.	
Mother's Maiden Name		Mary Rudinier				Mother's Birthplace	
						M.D.	
Name of person giving information		W. Scott Dewael				How related to deceased	
						father	
		CAUSES OF DEATH					
						(104)	
Primary		Indigestion				How long	
						6 mos.	
Immediate		Exhaustion				How long	
						progressive	
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician	
						W. H. Hutchinson M.D.	
						Address	
						Savage	
Accident or Suicide?		Mischief				M.D.	



Name
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Full

CERTIFICATE OF DEATH

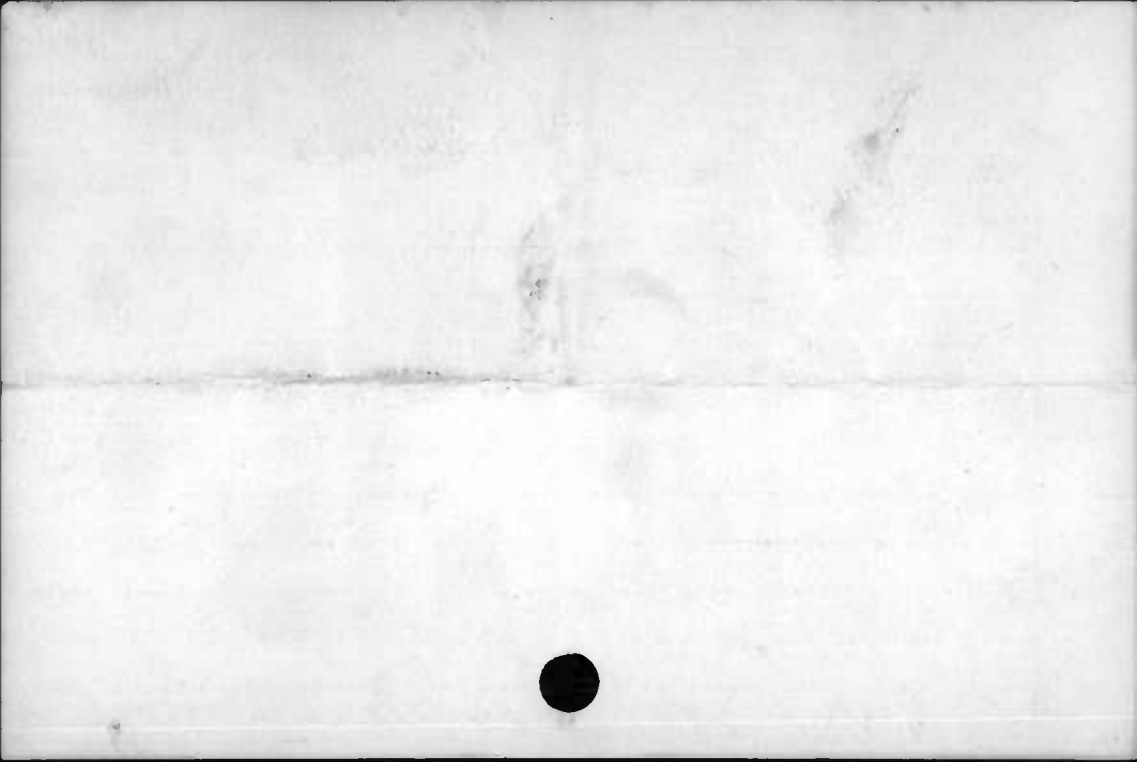
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary F. Easter</i>		Town <i>Highland</i>		County <i>Howard</i>		MARYLAND	
Died at <i>Highland</i>		Month <i>Augt.</i>		Day <i>31</i>		Years <i>72</i>	
Date of death <i>1908</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>North Carolina</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Robt. A. Easter</i>					
Father's Name <i>J. Washington Richardson</i>				Father's Birthplace <i>N. C.</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>R. A. Easter</i>				How related to deceased <i>Husband</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Chronic Rheumatism</i>		How long <i>10 yrs</i>	
Immediate <i>Hypostatic Congestion of Lungs</i>		How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. M. Asail</i>	
		Address <i>Highland</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

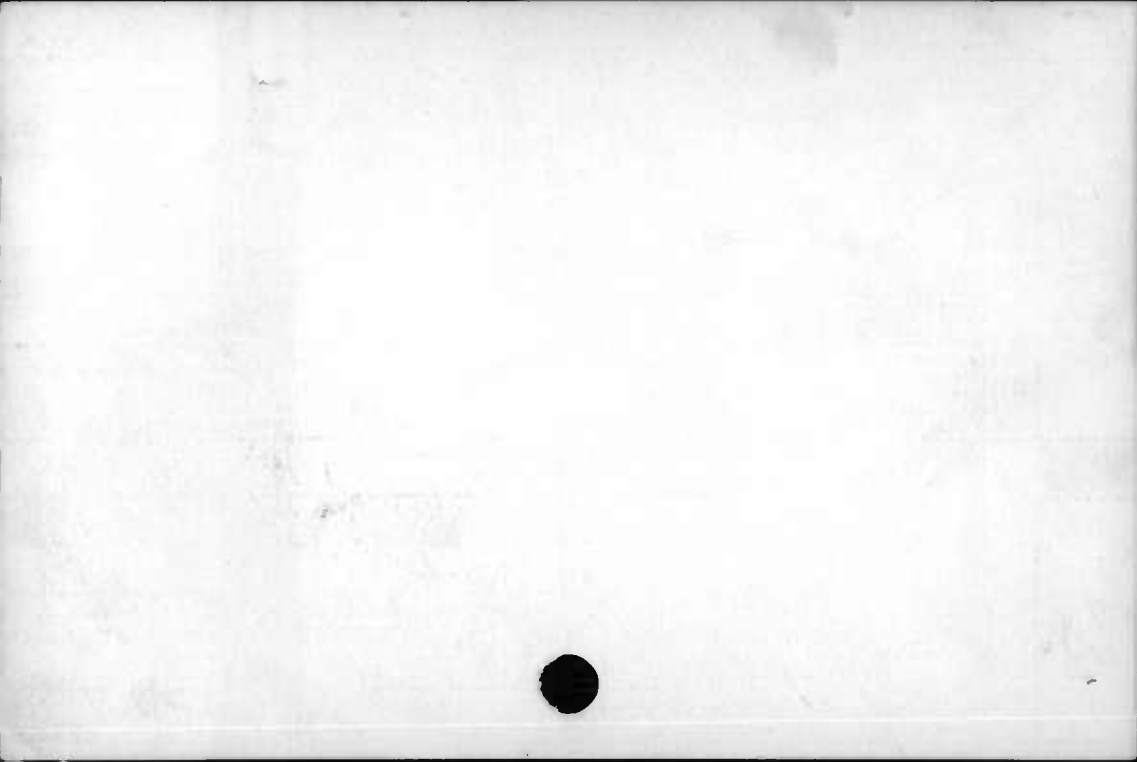
Died at <i>Ellicott City</i> ^{Town}		<i>Howard</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>August</i>	Day <i>28</i>	Years <i>no</i>	Months <i>8</i>	Days <i>20</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Curren W. Eckenrode</i>			Father's Birthplace <i>Hanover Pa</i>		
Mother's Maiden Name <i>Vera C. Kovotny</i>			Mother's Birthplace <i>Mt. Vernon N.Y.</i>		
Name of person giving information <i>Charles W. Meade</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera infantum</i>	How long <i>4-5 days</i>
Immediate	<i>Contagious</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. H. Stutz</i>
		Address <i>Cabotville</i>
Accident or Suicide?		<i>no</i>



Name
in
Full

Marion Ruth Zimmerman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Savage* ^{County} *Howard* **MARYLAND**

Date of death *1908* Month *8* Day *4* Age *4* Years Months *4* Days

Sex *female* Color or Race *white* Birth-place *md*

Occupation *Infant* Where Residing if not at place of death *Savage*

Married, Single or Widowed *single* Name or Wife or Husband _____

Father's Name *Elijah Zimmerman* Father's Birthplace *md*

Mother's Maiden Name *Millie Bradley* Mother's Birthplace *md*

Name of person giving information *Elij. Zimmerman* How related to deceased *father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

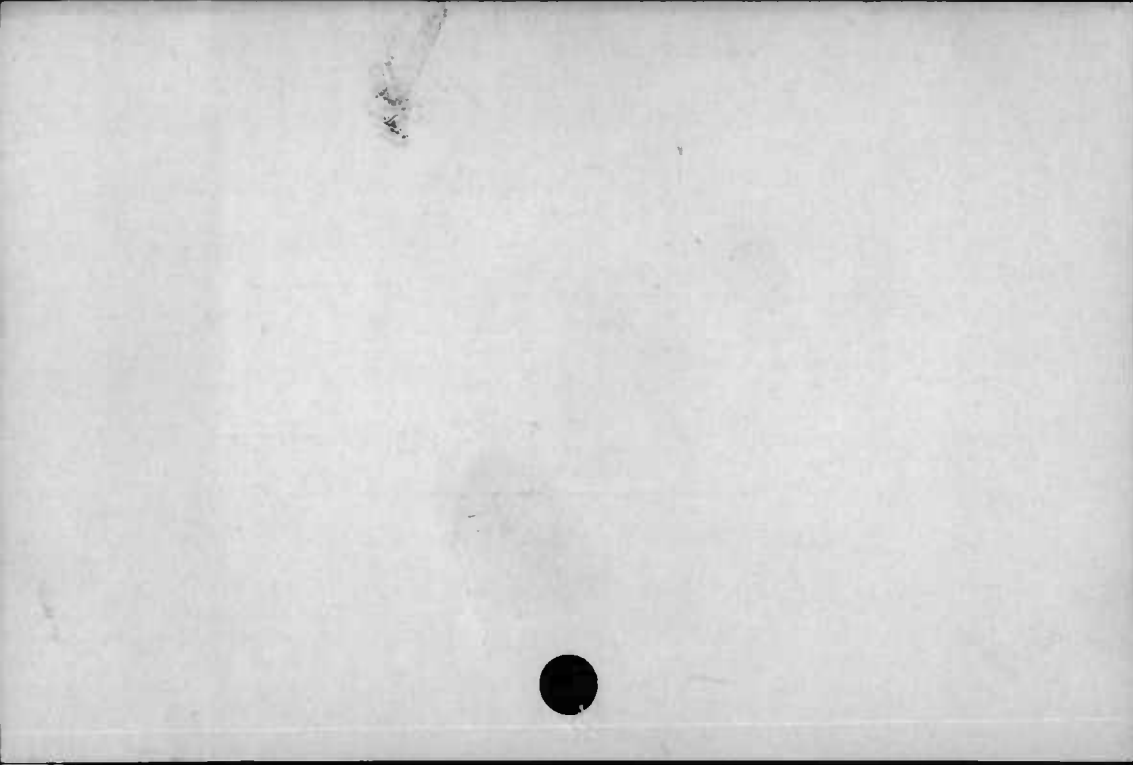
Primary *malnutrition* How long *2 months*

Immediate *Inf. colitis* How long *2 weeks*

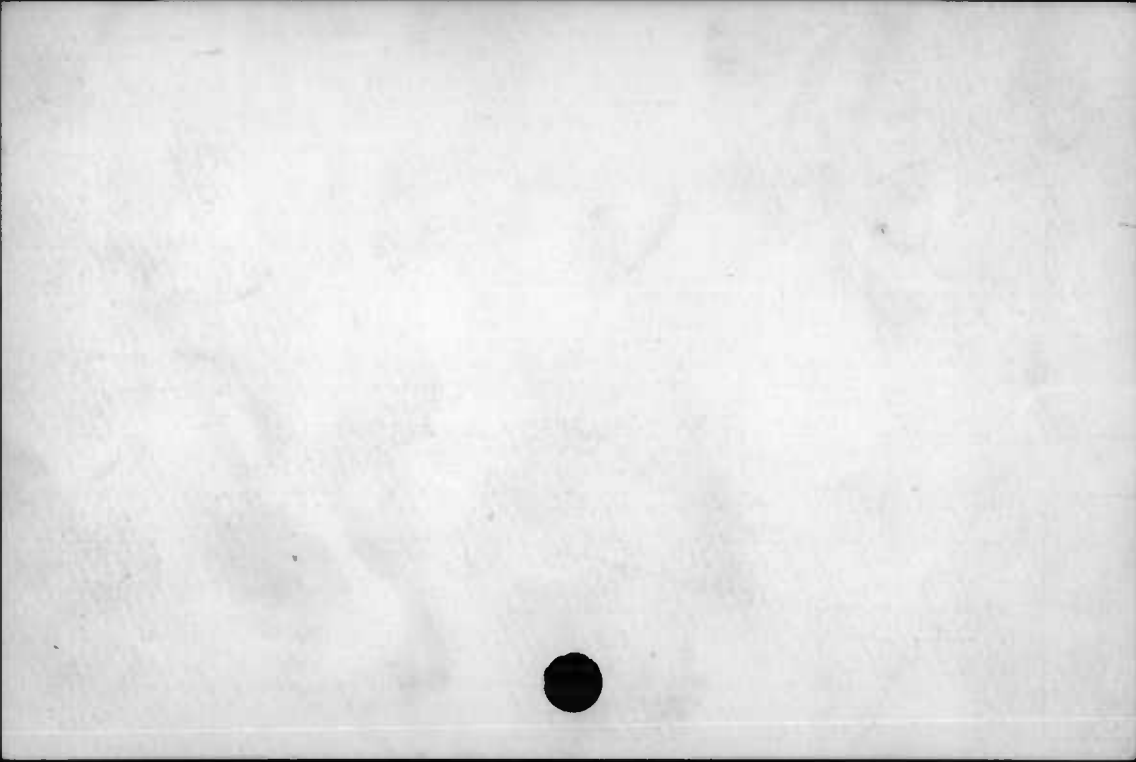
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *K. W. Zimmerman md*

Address *Savage md*

Accident or Suicide? *Neither*



Name in Full		Valley D Good				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} <u>Forestown</u>		^{County} <u>Howard</u>		MARYLAND		
	Date of death <u>1908</u> ^{Month} <u>Aug</u> ^{Day} <u>20</u>		^{Years} <u>no</u>		^{Months} <u>8</u>		^{Days} <u>4</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
	Occupation <u>None</u>		Where Residing if not at place of death <u>Forestown</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>None</u>				
	Father's Name <u>Charles G Good</u>				Father's Birthplace <u>Virginia</u>		
	Mother's Maiden Name <u>Mary R Funk</u>				Mother's Birthplace <u>Virginia</u>		
Name of person giving information <u>Charles G Good</u>				How related to deceased <u>Farther</u>			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; width: 50px; margin: 0 auto;">179</div>							
PHYSICIAN OR CORONER	Primary <u>Emaciation</u>		How long <u>Several Months</u>				
	Immediate <u>Cardiac Asthenia General Atrophy</u>		How long <u>2 days</u>				
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Frank L Miller M.D.</u>				
			Address <u>Chesolt City Md</u>				
Accident or Suicide? <u>No</u>							



Name
in
Full

Catharine Gormley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ellicott City* ^{Town} *Howard* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *Aug* ^{Day} *7* ^{Years} *no* ^{Months} *9* ^{Days} *7*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *Ellicott*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Felix Gormley (Dead)* Father's Birthplace *Ireland*

Mother's Maiden Name *Catharine Martin* Mother's Birthplace *Maryland*

Name of person giving information *Catharine Gormley* How related to deceased *Brother*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

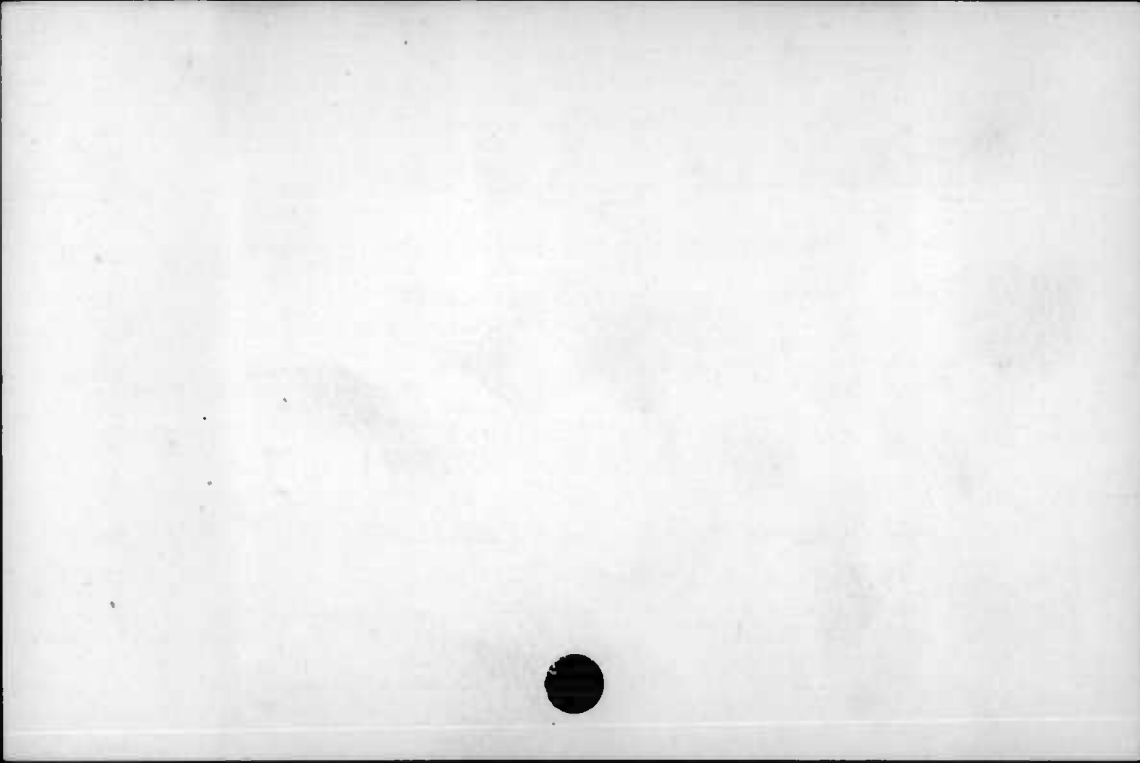
Primary *Cholera Infantum* How long *18 hours*

Immediate *Inanition* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. J. Byrne*

Address *Ellicott City Md*

Accident or Suicide?



Name
in
Full

Amos Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

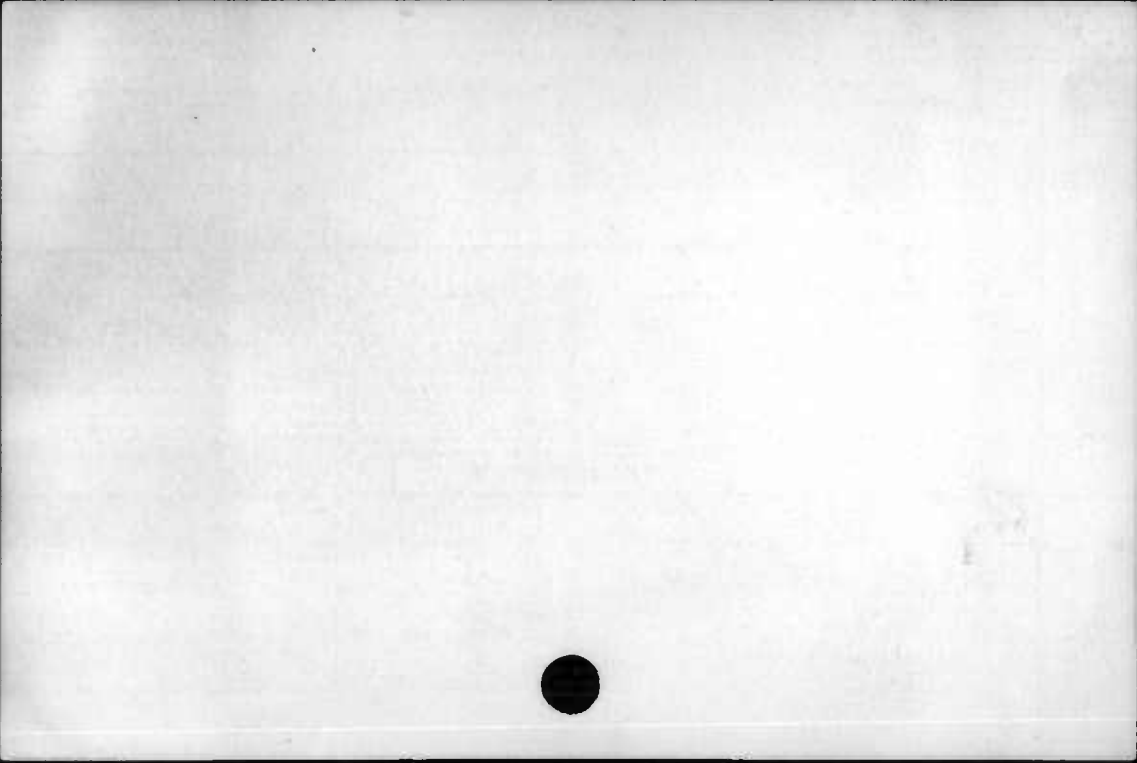
Died at <u>Simpsonville</u> <small>Town</small>		<u>Haward</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>Aug</u> <small>Month</small>	<u>23</u> <small>Day</small>	Age <u>69</u> <small>Years</small>	<u>20</u> <small>Months</small>	<u>21</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Simpsonville</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Helen Hall</u>				
Father's Name <u>Edward Hall</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Don't know</u>	Mother's Birthplace <u>Don't know</u>				
Name of person giving information <u>Helen Hall</u>		How related to deceased <u>Wife</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>5 months</u>
Immediate <u>Collapse</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas C. Tumbleson</u>
	Address <u>Guilford Md.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harry Hammond*

Died at *Ellicott City* Town *Howard* County

Date of death *1908* Month *Aug* Day *10* Age *20* Years Months *0* Days *2*

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *Dougaregan Manor*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *William Hammond* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Johnson* Mother's Birthplace *Maryland*

Name of person giving information *William Hammond* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera* How long *3 weeks*

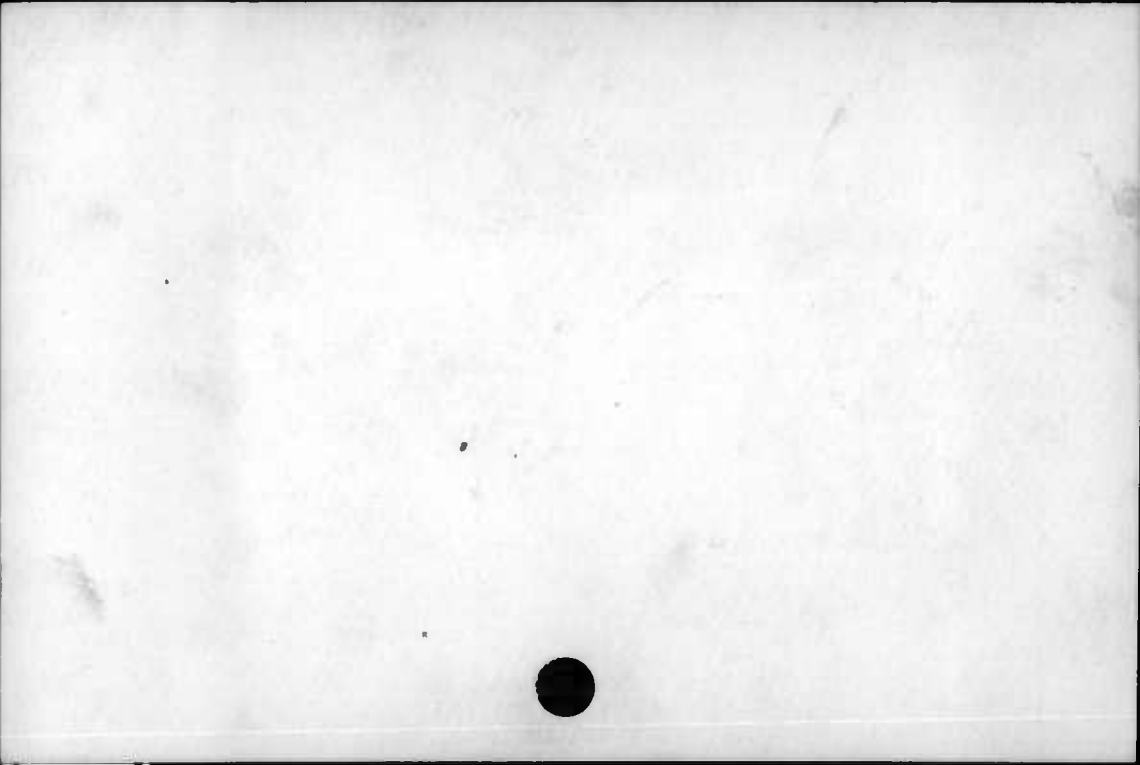
Immediate *Exhaustion* How long *24 hrs*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *W.C. Shum (H. O.)*

Address *Ellicott City, Md.*

Accident or Suicide?



Name
in
Full

Robert H. Reese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

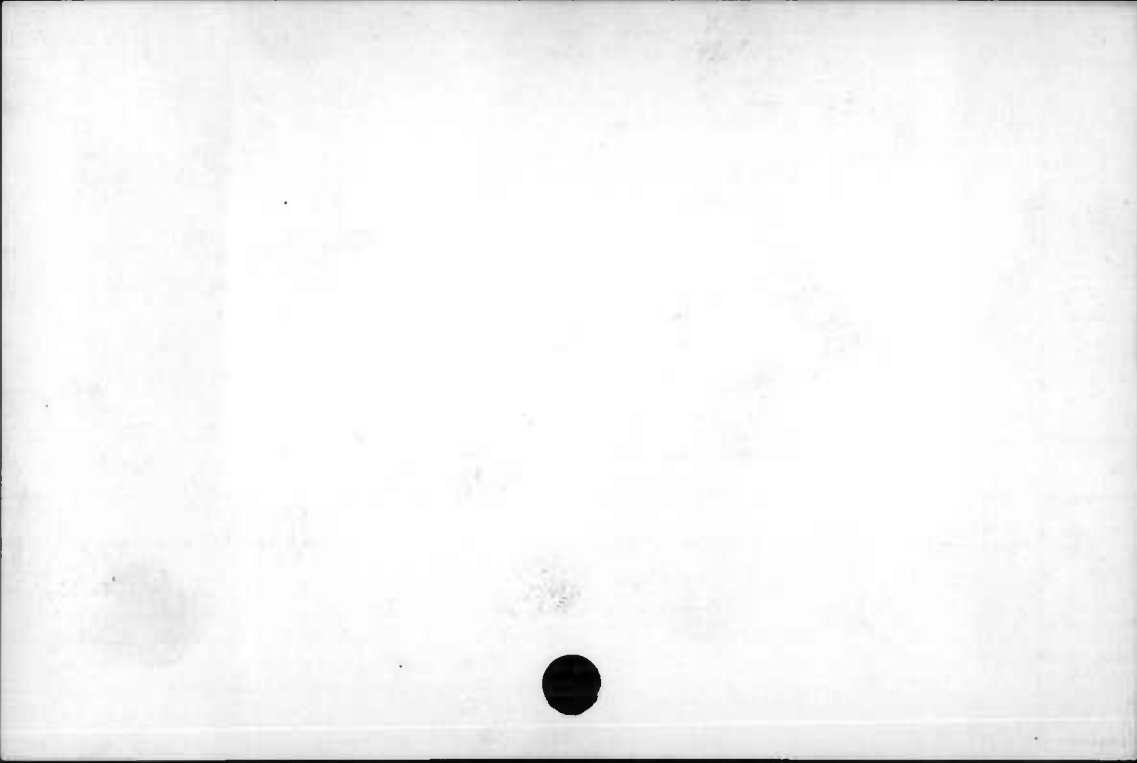
Died at <u>Elioak</u> ^{Town}		County <u>Howard</u>		MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>13</u>	Age <u>57</u>	Months <u>..</u>	Days <u>..</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Labor.</u>		Where Residing if not at place of death <u>Elioak</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Robert P Reese</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Rebecca Reese</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Emory E Reese</u>	How related to deceased <u>Brother</u>				

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary <u>Alcoholism</u>	How long <u>over 20 yrs</u>
Immediate <u>Heart Exhaustion</u>	How long <u>12 hrs</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. C. Strick</u>
	Address <u>Green Hill</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

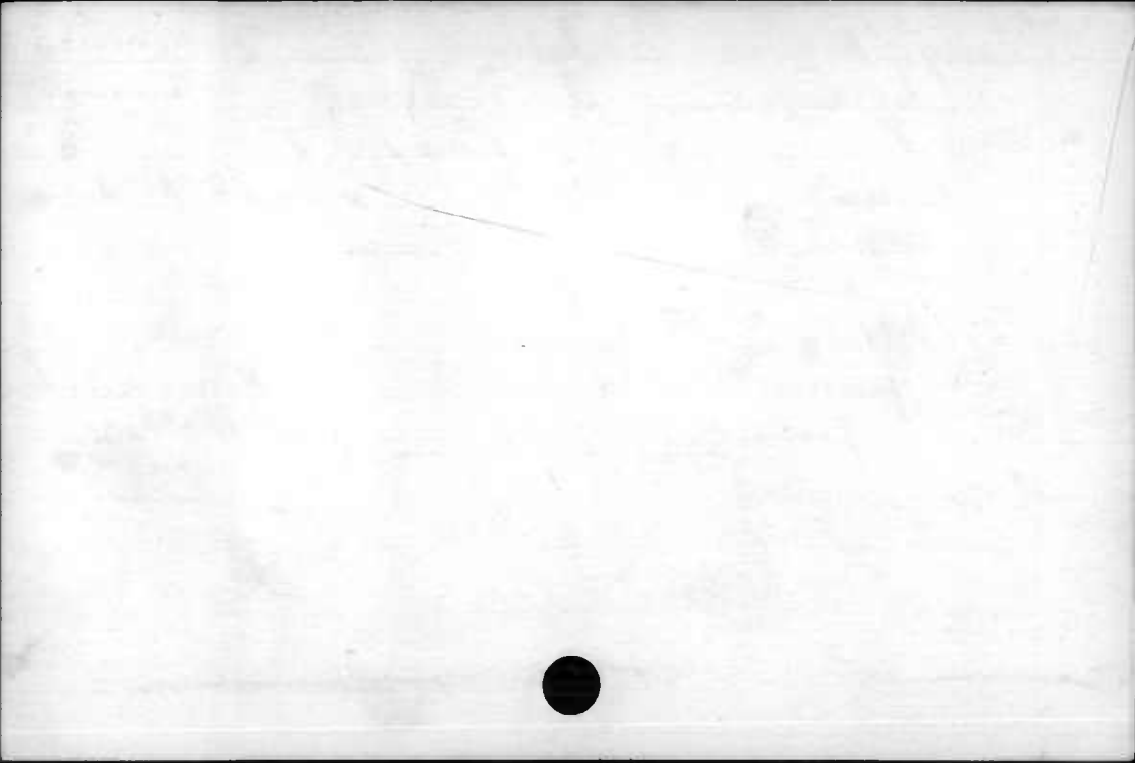
Died at		Town <i>Sykesville</i>		County <i>Howard</i>		MARYLAND	
Date of death 190 <i>8</i>		Month <i>Aug</i>	Day <i>25</i>	Age <i>58</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>African</i>		Birth-place <i>MD</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Henry Robinson</i>					
Father's Name <i>William Stansbury</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Louisa Cook</i>		Mother's Birthplace <i>MD</i>					
Name of person giving Information <i>Bernie Frances</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary	<i>Organic Heart Disease</i>	How long <i>Not known</i>
Immediate	<i>Complications</i>	How long <i>About 1 mo.</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. W. Heffner</i>
		Address <i>Sykesville, Md.</i>
Accident or Suicide		



Name
in
Full

CERTIFICATE OF DEATH

Gladys Regina Rodgers

MARYLAND

Died at

Dorsey

County

Howard

Date

of death

1908

Month

aug

Day

6

Age

Years

7 mo

Months

7

Days

6

Sex

Female

Color or
Race

white

Birth-
place

Elk Ridge

Occupation

none

Where Residing if not
at place of death

Dorsey

Married, Single
or Widowed

X

Name of Wife or
Husband

X

Father's
Name

Arthur G Rodgers

Father's
Birthplace

Brooklyn N.Y.

Mother's
Maiden Name

Jeannette Rice

Mother's
Birthplace

Norwalk Conn

Name of person giving
information

Jeannette Rice

How related
to deceased

Mother

CAUSES OF DEATH

105

Primary

Enteric-Colitis

How long

6 weeks

Immediate

same

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Arthur Williams

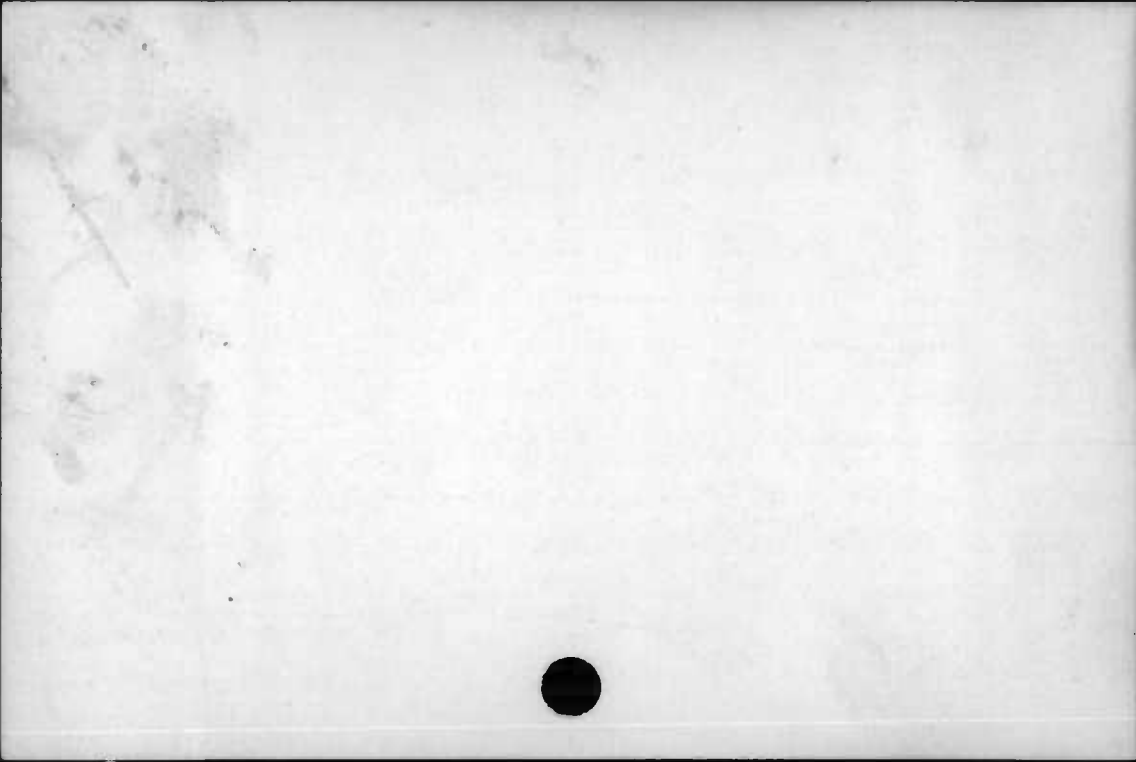
Address

Elk Ridge Howard
Co Md

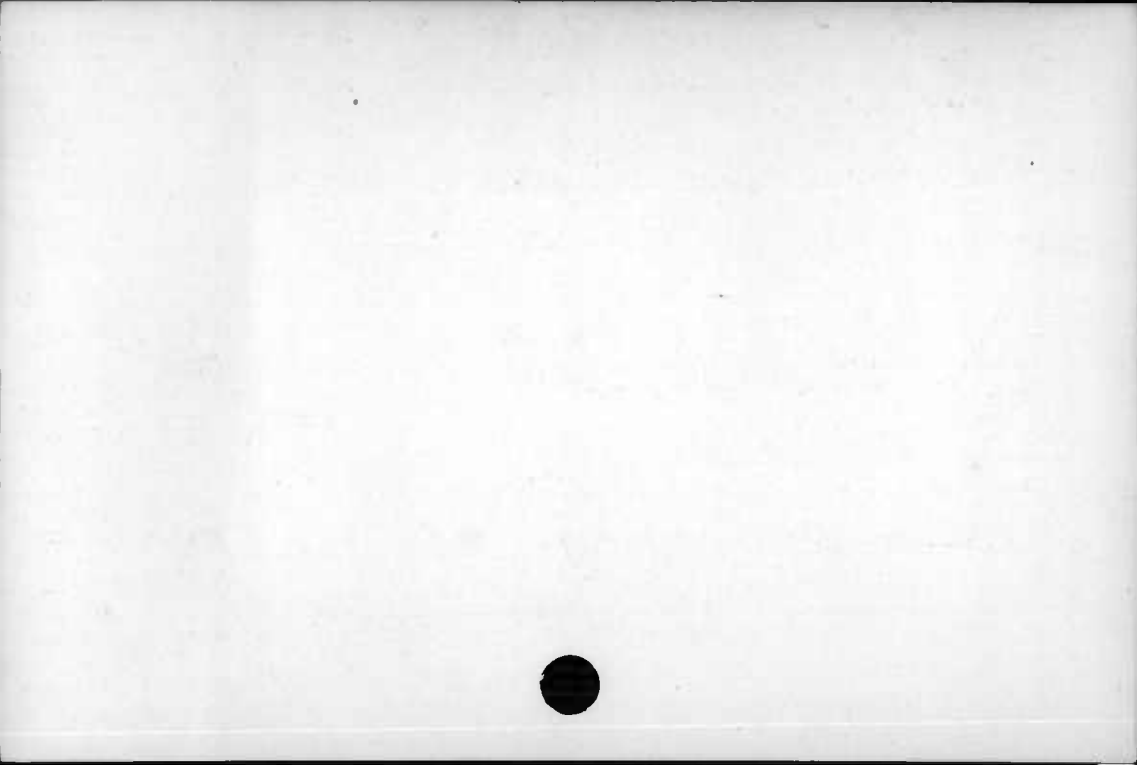
Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Christopher Dietrich Thiernan				CERTIFICATE OF DEATH								
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND								
		Died at Ocean Morgan		Howard										
		Date of death	1908	Month	Aug.	Day	28	Age	58	Years	5	Months	20	Days
		Sex	Male		Color or Race	White		Birth-place	Bremen					
		Occupation	Farmer			Where Residing if not at place of death			Germany					
		Married, Single or Widowed	Married		Name of Wife or Husband		Catharine Thiernan							
		Father's Name	John Henry Thiernan				Father's Birthplace	Germany						
Mother's Maiden Name	Dorothea Subling				Mother's Birthplace	Germany								
Name of person giving information	Dora Thiernan				How related to deceased	Daughter								
CAUSES OF DEATH														
PHYSICIAN OR CORONER		Primary				Valvular Disease of heart of Atrium & Petasis		How long	5 or 6 years					
		Immediate						How long	5 hours					
		Are the name, age, sex, color, date and place correctly given above?				Yes		Signature of Physician						
						Address		J. W. Lacy						
								Linton						
		Accident or Suicide?						Md.						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Looksville</u> ^{Town} <u>Howard</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Aug.</u> ^{Day} <u>27th</u> ^{Years}	Age <u> </u>	Months <u> </u>	Days <u> </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>near Looksville</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>		
Father's Name <u>Andrew Smith</u>	Father's Birthplace <u>Howard Co.</u>		
Mother's Maiden Name <u>Carrie Groves</u>	Mother's Birthplace <u>" "</u>		
Name of person giving Information <u>Andrew Smith</u>	How related to deceased <u>Father</u>		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary <u>Still born</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Wm. Matthews</u>
	Address <u>Sub Registrar</u>
Accident or Suicide <u> </u>	



Name
in
Full

Anna Louise Stansfield

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Near St James* ^{County} *Howard* **MARYLAND**

Date of death ^{Month} *Aug* ^{Day} *26* ^{Years} *—* ^{Months} *2* ^{Days} *9*

Sex *Female* Color or Race *white* Birth-place *Howard Co*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Thomas H. H. Stansfield* Father's Birthplace *Howard Co*

Mother's Maiden Name *Annie E. Pidgeley* Mother's Birthplace *Howard Co*

Name of person giving Information *J. H. H. Stansfield* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

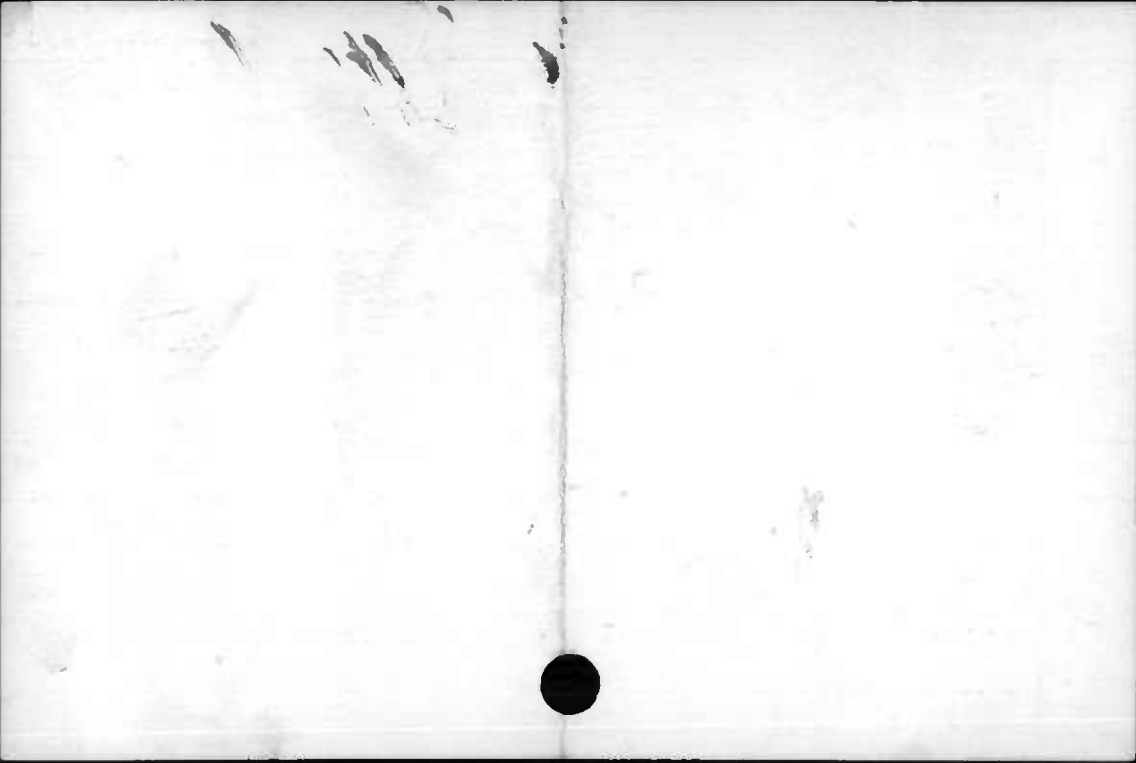
Primary *Insanition* *—* *Since birth*

Immediate *Collapse* *—* *How long*

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *Daniel B. Shreever* Address *Dyersville Md*

Accident or Suicide *—*



Name
in
Full

Gertrude Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

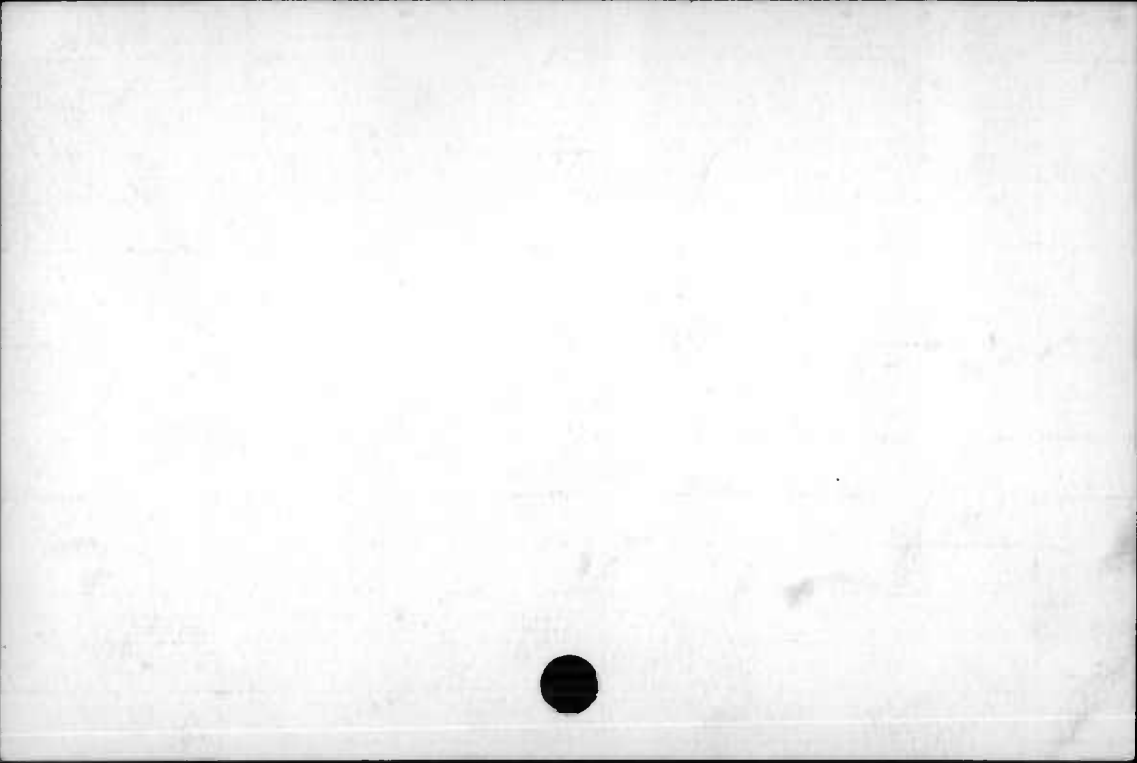
Died at <u>Hechester</u> <small>Town</small>		<u>Howard</u> <small>County</small>		MARYLAND	
Date of death <u>1901</u>	Month <u>Aug</u>	Day <u>22</u>	Age <u>2</u> Years	Months <u>no</u>	Days <u>no</u>
Sex <u>Female</u>	Color or Race <u>colored</u>		Birth-place <u>Ind</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>Hechester</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>none</u>			
Father's Name <u>Philip Turner</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Susie</u>			Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Philip Turner</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	<u>Colic or Infarction</u>	How long	<u>4 weeks</u>
Immediate	<u>x</u>	How long	<u>x</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Harrison Tongue</u>	
		Address <u>Elk Ridge</u> <u>Ind</u>	
Accident or Suicide?			



Name
in
Full

Annie & Virginia Weber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkridge</i> ^{Town} <i>md</i> ^{County} <i>Howard</i>		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>Aug</i> ^{Day} <i>27</i> ^{Age} <i>2</i> ^{Years} <i>6</i> ^{Months} <i></i> ^{Days} <i></i>			
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>md</i>	
Occupation <i></i>	Where Residing if not at place of death <i>Elkridge</i>		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Charles Weber</i>	Father's Birthplace <i>Bethesda Co</i>		
Mother's Maiden Name <i>Alice P Moore</i>	Mother's Birthplace <i>Howard Co</i>		
Name of person giving information <i>Father Chas Weber</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i> ✓	How long <i>3 weeks</i>
Immediate <i>same</i>	How long <i>same</i>

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

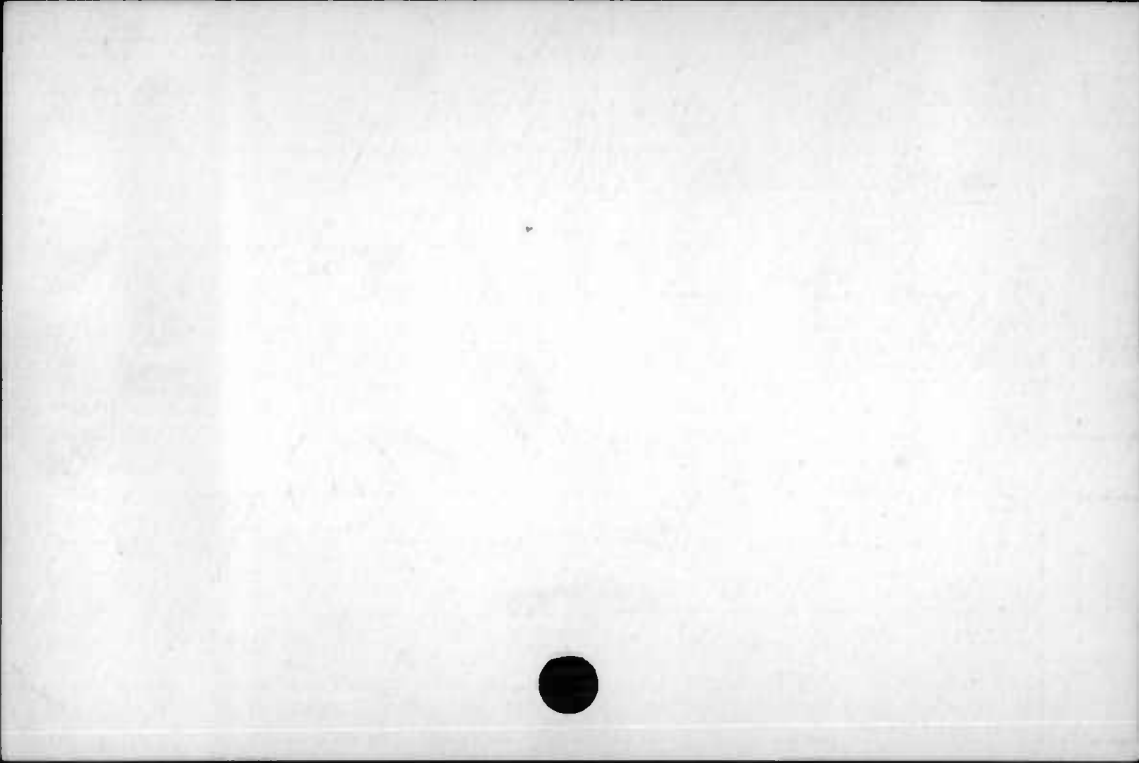
Arthur Williams

Address

Elkridge Md

Accident or Suicide?

no



Name
in
Full

Elsie R. Willie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harwood</i> Town			<i>Howard</i> County			MARYLAND					
Date of death	1908	Month	Aug.	Day	15	Age	34	Years	Months	5	Days
Sex	<i>Female</i>			Color or Race	<i>White</i>			Birth-place	<i>Maryland</i>		
Occupation	<i>Housewife</i>					Where Residing if not at place of death <i>3 W. Barney St. Baeto.</i>					
Married, Single or Widowed						Name of Wife or Husband <i>Isaac W. Willie</i>					
Father's Name	<i>William Phelps</i>					Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name	<i>Letricia Meushaw</i>					Mother's Birthplace <i>Maryland</i>					
Name of person giving information	<i>Sarah Smithson</i>					How related to deceased <i>None (nurse)</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>about 11 mos</i>
Immediate	<i>Manition. Exhaustion</i>	How long	<i>about 3 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Wm R. Eareckson</i>	
Address		<i>Eck Ridge</i>	
Accident or Suicide?			

Permit Ishue. to
Fisher & Phair
Laurel Med